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SEC 1972 Potential persons who are to respond to the collection of information contained in this form are not $(6-02)^{-1}$ required to respond unless the form displays a currently valid OMB control number.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response... 1

SEC	USE ON	ILY					
Prefix		Serial					
DAT	DATE RECEIVED						

Name of Offering ([] check if this is an amendment and name has changed, and indicate change.)

Filing Under (Check box(es) that apply):

[] Rule 504 [] Rule 505 [] Rule 506 [] Section 4(6) [] ULOE

Type of Filing: [X] New Filing [] Amendment

A. BASIC IDENTIFICATION DATA

04033722

Enter the information requested about the issuer

Name of Issuer ([] check if this is an amendment and name has changed, and indiciate change.)

Act III Investors III, LLC

Address of Executive Offices

(Number and Street, City, State, Zip Code)

Telephone Number (Including Area Code)

100 N. Crescent Dr. #250

Beverly Hills, CA 90210

(310) 385-4087

Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices)

Brief Description of Business

Investment in Russian television network (passive investment)

Type of Business Organization



equity securities of the issuer;

• Each general and managing partner of partnership issuers.

[] corporation [] limited pa	urtnership, already formed	$[\chi]$ other (please specify):	
	artnership, to be formed	limited liability company	
	Month Year		
Actual or Estimated Date of Incorporation or Organical		[x] Actual [] Estimated	
Jurisdiction of Incorporation or Organization: (E CN for	nter two-letter U.S. Postal Sei Canada; FN for other foreign		
GENERAL INSTRUCTIONS			, raining grand state (Mari
Federal:			
Who Must File: All issuers making an offering of 230.501 et seq. or 15 U.S.C. 77d(6).	securities in reliance on an ex	xemption under Regulation D or Section 4(6), 1	7 CFR
When to File: A notice must be filed no later than the U.S. Securities and Exchange Commission (or, if received at that address after the date on we to that address.	(SEC) on the earlier of the dat	te it is received by the SEC at the address giver	n below
Where to File: U.S. Securities and Exchange Co	immission, 450 Fifth Street, N	I.W., Washington, D.C. 20549.	
Copies Required: Five (5) copies of this notice manually signed must be photocopies of manual			s not
Information Required: A new filing must contain offering, any changes thereto, the information re supplied in Parts A and B. Part E and the Appen	quested in Part C, and any m	naterial changes from the information previously	
Filing Fee: There is no federal filing fee.			
State:	•		
This notice shall be used to indicate reliance on states that have adopted ULOE and that have ad Securities Administrator in each state where sale precondition to the claim for the exemption, a fee appropriate states in accordance with state law.	dopted this form. Issuers relying es are to be, or have been ma e in the proper amount shall a	ing on ULOE must file a separate notice with the ade. If a state requires the payment of a fee as a accompany this form. This notice shall be filed in	e a n the
	A. BASIC IDENTIFICATION	DATA	to grant day of grant of the state of the
2. Enter the information requested for the followi	ng:		
 Each promoter of the issuer, if the issuer I Each beneficial owner having the power to 	-	e past five years; e vote or disposition of, 10% or more of a class	of

• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership

Check Box(es) that Apply:		eneficial [owner] Executive Officer	[] Director fix	General and/or Managing Partner (Manager)
Full Name (Last name	e first, if individual)	and the second s	TOTO CONTROL WAS AND AND THE STATE OF THE ST		
HDG Investment	s, Inc.			engaga anny annonegamento assure sister a s	
Business or Residenc	e Address (Number	and Street, City,	State, Žip Code)		
100 N. Crescent	Dr., #250, Bev	erly Hills,	California 9	0210	
Check Box(es) that Apply:	[x] Promoter [] B	eneficial (<u>x</u>)wner	Executive Officer of Manager	[x] Director [] of Manager	General and/or Managing Partner
Full Name (Last name Gaba, Hal	e first, if individual) '				
Business or Residenc	e Address (Number	and Street, City,	State, Zip Code)		
100 N. Crescent	Dr., #250, Bev	erly Hills,	California 9	0210	•
Check Box(es) that Apply:	[] Promoter [] B C	eneficial [X wner	Executive Officer of Manager	of Manager	General and/or Managing Partner
Full Name (Last name Goldhill, Davi			·		
Business or Residenc	e Address (Number	and Street, City,	State, Zip Code)	annute annute the control of the con	
100 N. Crescent	Dr., #250, Bev	erly Hills,	California 9	0210	
Check Box(es) that Apply:	[] Promoter [] B	eneficial [wner	Executive Officer		General and/or Managing Partner
Full Name (Last name	first, if individual)			A CONTRACTOR OF THE CONTRACTOR	
Business or Residenc	e Address (Number	and Street, City,	State, Zip Code)		
Check Box(es) that Apply:	0	wner	Officer		General and/or Managing Partner
Full Name (Last name	first, if individual)	ransantititititi vitinitaminen etti suomania et e		AND THE PARTY OF T	
Business or Residenc	e Address (Number	1		and the second s	
Check Box(es) that Apply:	[] Promoter [] B O	eneficial [wner	Executive Officer		General and/or Managing Partner

Full Name (Last name first, if individual)

Busine	ess or R	esidenc	e Addre	ss (Num	ber and	Street, (City, Stat	te, Zip Co	ode)				
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[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT] [RI]	[NE]	[NV] [SD]	[NH] [TN]	[NJ] [XT]	[NM] [UT]	[VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	
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2. Enter the number of accredited and non-accredited investors who

have purchased securities in this offering and the aggregate dollar
amounts of their purchases. For offerings under Rule 504, indicate the
number of persons who have purchased securities and the aggregate
dollar amount of their purchases on the total lines. Enter "0" if answer is
'none" or "zero."

none of Zero.		
Accredited Investors Non-accredited Investors	Number Investors 8 0	Aggregate Dollar Amount of Purchases \$ 590,000 \$ 0
Total (for filings under Rule 504 only)		\$
Answer also in Appendix, Column 4, if filing under ULOE.		
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. N/A		
Type of offering Rule 505 Regulation A Rule 504 Total	Type of Security	Dollar Amount Sold \$\$ \$\$
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees Engineering Fees Sales Commissions (specify finders' fees separately) Other Expenses (identify) Total		\$ _ 0
b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question difference is the "adjusted gross proceeds to the issuer."		\$-580,000_
5. Indicate below the amount of the adjusted gross proceeds to the issuer proposed to be used for each of the purposes shown. If the amount for an purpose is not known, furnish an estimate and check the box to the left of estimate. The total of the payments listed must equal the adjusted gross p to the issuer set forth in response to Part C - Question 4.b above.	y the	

Payments to
Officers, Payments
Directors, & To

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification

provisions of such		Yes No
***	 See Appendix, Column 5, for state response.	I I KA

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Act III Investors III, LLC		6 /11 /04
Name of Signer (Print or Type)	Title (Print or Type)	
David Goldhill	Chief Financial HDG Investments, Inc	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1 1	2		3			4		5	
	Intend t to non-ac investors (Part B-I	credited in State	•	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL						<u> </u>			
AK									
AZ								,	
AR									
CA		X	LLC Interests	7 .	530,000	0	0		X
CO									

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